



Instructions for Completing Delaware Division of Child Support Enforcement Application for Child Support Services

The attached application form must be fully completed, **signed before a notary**, and accompanied by all required documents. Complete a separate form for each non-custodial parent from whom you are seeking support. Forms submitted without the \$25.00 application fee will be returned. Application fees are waived for those who receive, or have received, TANF, Medicaid, Foster Care, or those who are presently participating in a Head Start Program. If you file against multiple non-custodial parents, only one \$25.00 fee is required.

DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE) PROCEDURES

Most cases go through mediation conferences, held at the Delaware Family Court in the county where the Custodial Parent resides. If the Non-Custodial Parent lives in another state, the case may be heard in that state. Under the Uniform Interstate Family Support Act (UIFSA), your presence is not required at hearings held out of state.

A Deputy Attorney General will prosecute the case on behalf of DCSE at any hearing before a Judge or Commissioner.

DCSE will utilize all appropriate remedies to enforce child support orders. Remedies include: income attachments; interception of State and Federal tax refunds, unemployment insurance benefits, and lottery winnings; liens and license suspension. These enforcement remedies are automatically activated according to case account status.

Legal assistance may be provided in establishing, modifying or enforcing a child support obligation. Any legal assistance provided by the Department of Justice will be provided to DCSE and not to you personally. DCSE and the Department of Justice shall make a final decision governing any legal action to be taken in your case. DCSE shall advise you of actions it has decided to take. You have the right to secure the services of your own attorney to represent you personally at any time.

All child support payments must be mailed to the DCSE Disbursement Unit, P.O. Box 904, New Castle, DE 19720. Payments must be check or money order. DCSE maintains drop boxes at each of its locations for payments delivered in person. Receipts are not provided for payments deposited into drop boxes.

DCSE will attempt to collect any arrears owed to the State of Delaware.

DCSE will consider your application regardless, of age, color, disability, ethnicity, gender, nationality, race, religion or sexual orientation.

DCSE
84A Christiana Rd
Churchman's Corporate Center
P.O. Box 904
New Castle, Delaware 19720
(302) 577-7171

DCSE
1114 S. DuPont Highway
Suite 101
Dover, Delaware 19901
(302) 739-8299

DCSE
9 Academy Street
P.O. Box 536
Georgetown, Delaware 19947
(302) 856-5386



Application for Child Support Services

SERVICES REQUESTED (Please check)

- | | |
|---|--|
| <input type="checkbox"/> Enforce support orders | <input type="checkbox"/> Review and adjust existing orders |
| <input type="checkbox"/> Locate the parent(s) responsible to provide support, as well as parent(s) employer and/or assets | <input type="checkbox"/> Maintain accounting records of funds collected on my behalf |
| <input type="checkbox"/> Establish paternity, medical (health insurance) and child support orders | |

NONDISCLOSURE OF INFORMATION

(complete only if address information is not to be released):

Do you have a protective order preventing the release of your address? **Y** ☐ **N** ☐

If no, do you feel that the safety or liberty of you or your child(ren) would be unreasonably put at risk by the release of your address or other identifying information? **Y** ☐ **N** ☐

REQUIRED DOCUMENTS

I understand that the verification of certain information is required in order for my case to be worked. To assist, I have provided or will provide copies of the documents listed below. I understand that failure to provide copies of these documents will delay the processing of my case.

I am Attaching	(or)	I will Provide	
<input type="checkbox"/>		<input type="checkbox"/>	Birth certificate for dependent(s)
<input type="checkbox"/>		<input type="checkbox"/>	Acknowledgement of paternity
<input type="checkbox"/>		<input type="checkbox"/>	Original and modified support orders (including divorce decrees and custody orders)
<input type="checkbox"/>		<input type="checkbox"/>	Copy of Social Security cards
<input type="checkbox"/>		<input type="checkbox"/>	Protective order preventing the release of my address
<input type="checkbox"/>		<input type="checkbox"/>	Copies of my 3 most recent pay stubs or my most recent W-2 form

SECTION I: CASE INFORMATION

APPLICANT (CUSTODIAN/CARETAKER)

Your Name _____		_____	_____
(First, Middle, Last)		Home Phone	Business Phone
Your Address _____			
Street	City	State	Zip Code
Your Social Security Number _____		Your Date of Birth _____	
Your Employer: _____		Address: _____	

1. What is your relationship to the non-custodial parent?

☐ Never Married ☐ Currently Married ☐ Separated ☐ Divorced ☐ Other

2. Date Married: _____ State and County Where Married: _____

3. Date and Place Divorced/Separated: _____

4. If separated, have divorce proceedings been started by a private attorney and/or is court action currently pending?

☐ Yes ☐ No

If yes, please list name, address, and phone number of the attorney and the County and State in which court action is pending: Name: _____

Phone: _____ Address: _____

Court: _____ County: _____ State: _____

5. If the parents were not married:

Has paternity been established for the child(ren)? ☐ Yes ☐ NoWas an "Acknowledgement of Paternity" signed? ☐ Yes ☐ No

6. If you answered YES to #5 please list the children for whom paternity has been established or an acknowledgement signed: _____

7. Do you have a court order for child support from this non-custodial parent? ☐ Yes ☐ No

8. If you answered YES to #5 and #7 above, indicate where paternity/support was established. Include a copy of the order with your application.

County	State	Court Docket #	Date of order
9. Have you ever received temporary assistance [TANF (formerly AFDC) or "welfare"], Medical Assistance, or previously applied for Child Support Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the State and County: _____			
Date of last TANF check, if applicable: _____			

FINANCIAL STATEMENT (Complete this section **ONLY** if you are a parent of the child(ren):)**INCOME:**

Your gross income (before any deductions) per pay period \$ _____

How often are you paid? ☐ Weekly ☐ Every two weeks ☐ Twice monthly ☐ Monthly

Total yearly income if not regularly employed \$ _____

Source(s) _____

I am currently paying spousal support to: _____

Amount _____ per _____

I am currently receiving spousal support from: _____

Amount _____ per _____

SUPPORT FOR OTHER CHILD(REN):

In addition to the child(ren) for whom I am seeking assistance in securing child support, I am also legally responsible for financial support of the following children:

1. Child's Name _____ Living with you? ☐ Y ☐ N

Relationship _____ Date of birth _____

2. Child's Name _____ Living with you? ☐ Y ☐ N

Relationship _____ Date of birth _____

3. Child's Name _____ Living with you? ☐ Y ☐ N

Relationship _____ Date of birth _____

4. Child's Name _____ Living with you? ☐ Y ☐ N

Relationship _____ Date of birth _____

SECTION II: CHILDREN

1. Child's Name _____

(Last)

(First)

(Middle)

(Race) (Sex) (Place of Conception - City & State)

(Social Security Number) (Date of Birth) (Place of Birth - City & State)

Were the parents married to each other at the time of child's birth? ☐ Y ☐ N

Was the child born in wedlock? ☐ Y ☐ N

Date of marriage: _____ County & State _____

If not, was paternity established? ☐ Y ☐ N

How was paternity established? ☐ In court ☐ Genetic testing ☐ Other

Is there an existing support order for this child? ☐ Y ☐ N

If yes, amount \$ _____ per _____ Effective date: _____ State _____

Court Name: _____ Docket File # _____

Direct payment to you? ☐ Y ☐ N

Are the child's parents divorced? ☐ Y ☐ N Date of divorce: _____

Your relationship to the child: _____

2. Child's Name _____

(Last)

(First)

(Middle)

(Race) (Sex) (Place of Conception - City & State)

(Social Security Number) (Date of Birth) (Place of Birth - City & State)

Were the parents married to each other at the time of child's birth? ☐ Y ☐ N

Was the child born in wedlock? ☐ Y ☐ N

Date of marriage: _____ County & State _____

If not, was paternity established? ☐ Y ☐ N
How was paternity established? ☐ In court ☐ Genetic testing ☐ Other
Is there an existing support order for this child? ☐ Y ☐ N
If yes, amount \$_____ per _____ Effective date: _____ State _____
Court Name: _____ Docket File # _____
Direct payment to you? ☐ Y ☐ N
Are the child's parents divorced? ☐ Y ☐ N Date of divorce: _____
Your relationship to the child: _____

3. Child's Name _____
(Last) (First) (Middle)

(Race) (Sex) (Place of Conception - City & State)

(Social Security Number) (Date of Birth) (Place of Birth - City & State)
Were the parents married to each other at the time of child's birth? ☐ Y ☐ N
Was the child born in wedlock? ☐ Y ☐ N
Date of marriage: _____ County & State _____
If not, was paternity established? ☐ Y ☐ N
How was paternity established? ☐ In court ☐ Genetic testing ☐ Other
Is there an existing support order for this child? ☐ Y ☐ N
If yes, amount \$_____ per _____ Effective date: _____ State _____
Court Name: _____ Docket File # _____
Direct payment to you? ☐ Y ☐ N
Are the child's parents divorced? ☐ Y ☐ N Date of divorce: _____
Your relationship to the child: _____

4. Child's Name _____
(Last) (First) (Middle)

(Race) (Sex) (Place of Conception - City & State)

(Social Security Number) (Date of Birth) (Place of Birth - City & State)
Were the parents married to each other at the time of child's birth? ☐ Y ☐ N
Was the child born in wedlock? ☐ Y ☐ N
Date of marriage: _____ County & State _____
If not, was paternity established? ☐ Y ☐ N
How was paternity established? ☐ In court ☐ Genetic testing ☐ Other
Is there an existing support order for this child? ☐ Y ☐ N
If yes, amount \$_____ per _____ Effective date: _____ State _____
Court Name: _____ Docket File # _____
Direct payment to you? ☐ Y ☐ N
Are the child's parents divorced? ☐ Y ☐ N Date of divorce: _____
Your relationship to the child: _____

EXTRAORDINARY MEDICAL EXPENSES:

List medical and dental expenses in excess of \$100 per occurrence, that are not covered by insurance for each child for whom you are seeking support services.

1. Child's Name _____ Medical ☐ Dental ☐
 Total Bill _____ \$ Payments made _____ \$ Balance _____
2. Child's Name _____ Medical ☐ Dental ☐
 Total Bill _____ \$ Payments made _____ \$ Balance _____
3. Child's Name _____ Medical ☐ Dental ☐
 Total Bill _____ \$ Payments made _____ \$ Balance _____
4. Child's Name _____ Medical ☐ Dental ☐
 Total Bill _____ \$ Payments made _____ \$ Balance _____

DEPENDENT CARE EXPENSE:

Do you currently pay childcare expenses (for the child(ren) for whom you are applying for child support services) in order to work? ☐ Y ☐ N

If yes, amount \$ _____ per _____

The child care provider is: _____

Phone: _____ Address: _____

Do child(ren) attend private school? ☐ Y ☐ N

If yes, tuition costs: Amount \$ _____ per _____

MEDICAL SUPPORT:

I have the following insurance available that covers the child(ren) for whom I am applying:

Health Insurance (Monthly amount you are required to pay for child(ren) only \$ _____)

Name of Insurance Company _____

Persons covered _____

Dental Insurance (Monthly amount you are required to pay for child(ren) only \$ _____)

Name of Insurance Company _____

Persons covered _____

When your support order is entered or modified, DCSE must seek to ensure that one of the parents is responsible for providing health insurance (whether or not it is currently available) for the child(ren). Medical support will only be enforced against the parent responsible for the coverage if health insurance is determined to be available at a reasonable cost.

Please select ONE of the following options:

☐ I choose to provide the child(ren)'s health insurance

(OR)

☐ I wish to have the non-custodial parent provide health insurance for the child(ren).

(If you do not clearly indicate an option, DCSE will pursue medical support from the non-custodial parent.)

SECTION III: NON-CUSTODIAL PARENT

Name of the Non-Custodial Parent

 (First, Middle, Last)

 Maiden/Alias/Nickname

Home Phone		Business Phone	
Last Known Address			Date
City	State	Zip Code	
Social Security Number	Date of Birth	Race	Sex
Eyes	Hair	Height	Weight
Driver's License Number	Automobile Tag Number	Automobile Make/Model	Year

1. Current or prior military service from _____ to _____
 Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard
2. Has non-custodial parent ever been in prison? ☐ Y ☐ N From _____ to _____
 Name of Prison: _____ Address: _____
3. Name of Non-Custodial Parent's mother: _____
 Mother's Maiden Name: _____
 Address: _____

City	State	Zip Code	Phone Number
------	-------	----------	--------------
4. Name of Non-Custodial Parent's father: _____
 Address: _____

City	State	Zip Code	Phone Number
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5. Non-Custodial Parent's place of birth: _____
6. Non-Custodial Parent's current or last known employer: _____
 Employer's address: _____

City	State	Zip Code	Phone Number
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7. Does the Non-Custodial Parent receive a pension, disability benefits, social security, or have any other source of income? ☐ Y ☐ N ☐ Unknown
 If yes, amount \$ _____ per _____
 Source: _____
8. Is Non-Custodial Parent a member of Union/Local? ☐ Y ☐ N Please specify: _____
9. Does the Non-Custodial Parent pay support? ☐ Y ☐ N
10. If yes or sometimes, to whom does the Non-Custodial Parent pay support?
☐ To you ☐ To a child support agency ☐ Other
11. Name and address of the child support agency: _____

City	State	Zip Code
------	-------	----------
12. Date support last paid: _____ Amount \$ _____
13. Is support paid by a military allotment? ☐ Y ☐ N
14. Does the non-custodial parent carry individual health insurance? ☐ Y ☐ N ☐ Unknown
15. Does the non-custodial parent carry health insurance for the child(ren)? ☐ Y ☐ N ☐ Unknown
16. Insurance Company Name: _____ Policy Number: _____
 Address: _____

AFFIDAVIT OF PAYMENTS (complete this section only if you currently have a child support order):

Custodial Parent: _____

Non-Custodial Parent: _____

List any agency that has processed child support payments on behalf of your child(ren): _____

Address: _____

City _____ State _____ Zip Code _____ Phone Number _____

Has the Non-Custodial Parent made support payments directly to the Custodial Parent? ☐ Y ☐ N

If yes, list only those payments paid directly to the Custodial Parent. Do not list payments received by an agency and forwarded to the Custodial Parent according to the terms of the order.

Year _____					
<u>Amount Owed</u>		<u>Amount Paid</u>		<u>Balance</u>	
Jan	_____	Jan	_____	Jan	_____
Feb	_____	Feb	_____	Feb	_____
Mar	_____	Mar	_____	Mar	_____
Apr	_____	Apr	_____	Apr	_____
May	_____	May	_____	May	_____
Jun	_____	Jun	_____	Jun	_____
Jul	_____	Jul	_____	Jul	_____
Aug	_____	Aug	_____	Aug	_____
Sept	_____	Sept	_____	Sept	_____
Oct	_____	Oct	_____	Oct	_____
Nov	_____	Nov	_____	Nov	_____
Dec	_____	Dec	_____	Dec	_____
Total	_____	Total	_____	Total	_____

Certification:

I hereby certify that the statements I have given in this document are true and correct. I further agree to notify DCSE immediately of any changes in my address, telephone number, income, expenses or employer.

Signature _____ Date _____

Sworn and subscribed before me this _____ day of _____ 20 ____.

Notary Public



CERTIFICATION BY CUSTODIAN

By signing this document, I agree to the following:

1. I understand that, under Family Court Civil Rule 87.2, a petition for new support will be filed in the county where the child[ren] and I reside. I may submit to DCSE a written request to file in a different county. If I elect to file my support petition in a county other than where the child[ren] and I reside, I agree to absorb all expenses associated with attending the hearing(s), such as travel expenses, parking fees and child care costs.
2. I will appear at all mediation conferences held in Delaware.
3. I will cooperate with DCSE by providing requested documentation.
4. I accept responsibility for the cost of any genetic testing which excludes an alleged father. This cost is in addition to the \$25.00 application fee.
5. I will allow all child support payments to pass through DCSE Disbursement Unit for proper accounting. I understand that the Non-Custodial Parent may not receive credit for payments delivered to me directly.
6. In the event that DCSE sends a support payment to me in error, I will permit DCSE to recoup such payment by various methods, including withholding payments from future support.
7. I will notify DCSE in writing within 5 days of any of the following events:
 - If I retain the services of a private attorney/collection agency;
 - If I move or change my address; or
 - If the custody of the child[ren] changes and I am no longer the primary custodian.
8. I empower DCSE to act in my behalf to enter into negotiations with the Non-Custodial Parent or his/her attorney to settle any child support claims I may have. I further empower DCSE to file any necessary legal process against the Non-Custodial Parent. Under Delaware law, a Deputy Attorney General who prosecutes my case is deemed to represent the state agency, DCSE, and not me individually.
9. I will abide by stated Division procedures.

Signature of Applicant

Date

Sworn and subscribed before me this _____ day of _____ 20____.

Notary Public